

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-039044

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 5064

**5064**

**FILED OCT 19 1962**

**1. PLACE OF DEATH**

a. COUNTY **Jackson**

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN **Kansas City**

Length of stay in lb  
**19 yrs.**

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION **General Hospital**

Inside Limits  
Yes ☒ No ☐

**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)

a. STATE **MISSOURI**, b. COUNTY **JACKSON**

c. CITY OR TOWN **KANSAS CITY**

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
**1817 Montgall**

Reside on Farm  
Yes ☐ No ☐

**3. NAME OF DECEASED**  
(Type or print)

First  
**Ada**

Middle  
**Mae**

Last  
**Williams**

4. DATE OF DEATH  
Month **October**, Day **4**, Year **1962**

5. SEX  
**Female**

6. COLOR OR RACE  
**Negro**

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH  
**8-24-1915**

9. AGE (last birthday)  
**47 yrs**

IF UNDER 1 YEAR  
Months Days

IF UNDER 24 HR  
Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
**Housewife**

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)  
**Columbia, Missouri**

12. CITIZEN OF WHAT COUNTRY  
**USA**

13a. FATHER'S NAME

**Lawrence Bass**

13b. MOTHER'S MAIDEN NAME

**Unknown**

14. NAME OF HUSBAND OR WIFE

**Charles Williams**

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
**NO**

16. SOCIAL SECURITY NO.

17. INFORMANT  
Address  
**Charles Williams 1817 Montgall Husband**

**18. CAUSE OF DEATH** (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **Lanec's cirrhosis with bleeding esophagel  
varices and ascites**

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour Month, Day, Year  
a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **9-5-62** to **10-4-62** and last saw her alive on **10-4-62**  
Death occurred at **2:57A** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

**2400 Cherry**

22c. DATE SIGNED  
**10-4-62**

23a. BURIAL, CREMATION, REMOVAL (Specify)

**Burial**

23b. DATE

**10-7-62**

23c. NAME OF CEMETERY OR CREMATORY

**Calvary Cemetery**

23d. LOCATION (City, town, or county)

**Columbia, Missouri**

(State)

24. FUNERAL DIRECTOR

ADDRESS

**Watkins Bros. Funeral Home 18th & Benton**

25. DATE RECD. BY LOCAL REG.

**10-5-62**

26. REGISTRAR'S SIGNATURE

*Arthur Long*

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Frank Ellis

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Bruce R. W. [Signature]

Licensed Embalmer No. H500

P. O. Address 18th & Benton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.